## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

82478-2700

| CLAIMS AS FILED - PART I   |  |   |                              |                                   |              |                  |          | SMALL ENTITY        |                        |         |                | OTHER THAN             |  |
|--|--|---|------------------------------|-----------------------------------|--------------|------------------|----------|---------------------|------------------------|---------|----------------|------------------------|--|
| r <del></del>  |  |   | (Column 1)                   |                                   | (Column 2)   |                  | 1        | TYPE                |                        | OR      | SMALL ENTITY   |                        |  |
| TOTAL CLAIMS   |  |   | 3                            |                                   |              |                  |          | RATE                | FEE                    |         | RATE           | FEE                    |  |
| FC   | OR   |   | NUMBER FILED                 |                                   | NUMBER EXTRA |                  |          | BASIC FEE           | 385.00                 | OR      | BASIC FEE      | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 3 mir                        | nus 20=                           | * ()         |                  |          | X\$ 9=              |                        | OR      | X\$18=         |                        |  |
| INC  | EPENDENT CI                                    | LAIMS                                     | 2 mi                         | nus 3 =                           | * (          |                  |          | X43=                |                        | OR      | X86=           |                        |  |
| Mι   | ILTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT                       |                                   |              |                  |          | +145=               |                        | OR      | +290=          |                        |  |
| * If   | the difference                                 | in column 1 is                            | less than zero, enter "0" in |                                   |              | column 2         |          | TOTAL               |                        | OR      | TOTAL          | 720                    |  |
|  | С  | LAIMS AS A                                | MENDED                       | D - PART II                       |              |                  |          |                     |                        |         | OTHER THAN     |                        |  |
|  |  | (Column 1)                                |                              | (Colun                            |              | (Column 3)       |          | SMALL               | ENTITY                 | OR.     | SMALL E        | ENTITY                 |  |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT          |                              | HIGH<br>NUME<br>PREVIO<br>PAID I  | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                        | **                                |              | =                | $] \mid$ | X\$ 9=              |                        | OR      | X\$18=         |                        |  |
| AME  | Independent                                    | *   | Minus                        | ***                               |              | =                |          | X43=                |                        | OR      | X86=           |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |   |                              | CLAIM                             |              | ]                | +145=    | *                   | OR                     | +290=   |                |                        |  |
|  |  |   |                              |                                   |              |                  |          | TOTAL               |                        |         | TOTAL          |                        |  |
|  |  |   |                              |                                   |              |                  |          | ADDIT. FEE          |                        | OR ,    | ADDIT. FEE     |                        |  |
| _  | (Column 1) (Column 2) (Column 3                |   |                              |                                   |              |                  |          |                     | ·                      |         |                |                        |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                              | NUME<br>PREVICE<br>PAID I         | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                        | **                                |              | =                |          | X\$ 9=              |                        | OR      | X\$18=         |                        |  |
|  | Independent                                    | *   | Minus                        | ***                               |              | =                |          | X43=                | -                      | OR      | X86=           |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                                   |              |                  |          | 145                 |                        |         | 000            |                        |  |
|  |  |   |                              |                                   |              |                  | L        | +145=               |                        | OR      | +290=<br>TOTAL |                        |  |
|  |  |   |                              |                                   |              |                  | Þ        | TOTAL<br>ADDIT. FEE |                        | OR ,    | ADDIT. FEE     |                        |  |
|  |  |   |                              |                                   |              |                  |          |                     |                        |         |                |                        |  |
| AMENDMENT C  | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                            | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>JUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                        | **                                | ·            | = .              |          | X\$ 9=              |                        | OR      | X\$18=         |                        |  |
|  | Independent                                    | *   | Minus                        | ***                               |              | =                |          | X43=                |                        | 00      | X86=           |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                                   |              |                  | ▎▐       |                     |                        | OR      |                |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                              |                                   |              |                  |          | +145=               |                        | OR      | +290=          |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR |  |   |                              |                                   |              |                  |          |                     |                        |         |                |                        |  |
| •  | The "Highest Num                               | ber Previously Paid                       | d For" (Total or             | Independe                         | nt) is the   | highest numbe    | er foul  | nd in the app       | ropriate box           | in colu | umn 1.         |                        |  |